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CASES OF SUDDEN DEATH.

BY AUSTIN FLINT, M.D.

[Communicated for the Boston Medical and Surgical Journal.]

THREE cases of sudden death have occurred during the present year at the Erie County Alms-house, located at Black Rock, about two miles from this city. In each instance, the symptoms assumed an alarming character so unexpectedly, and terminated so soon in dissolution, that medical assistance was not obtained. The general history of the symptoms, therefore, in the following account, is derived from the statements of the keeper of the institution and the attendant. The examinations after death were made personally.

CASE I. *Death from Suffocation produced by enlargement of the glandular adipose substance posterior to Larynx.*—An Irishman, aged about 45, made complaint at the morning visit, January 28th, of "*soreness of throat.*" As he represented it to be slight, and was walking about, otherwise apparently well, I directed simply a cathartic of sulph. sodæ. The soreness continued to increase throughout the day, and, towards evening, he began to experience difficulty of breathing. At 9, P. M., this difficulty was considerable, and he applied to the attendant, who administered some domestic remedies and left him, not regarding his situation as dangerous. The symptoms, however, continued to increase with great rapidity, and at about 11, P. M., finding himself suffocating, he suddenly declared to his fellow occupants that he was dying, sprang from his bed to go to the attendant's sleeping apartment, reached the hall, and, giving a loud shriek, fell upon the floor. He was found struggling violently in the agonies of suffocation, which recurred, with occasionally a few moments of comparative ease, until they terminated in death, consciousness apparently remaining to the last moment of existence.

The body was examined the day following. *Muscular system* largely developed. Thick layer of adipose substance between muscles and integuments. *Chest.*—Some old adhesions, otherwise lungs healthy.

Note.—The condition of the heart as it regards its contents, and of the lungs as it regards engorgement, is not recorded nor recollected.

Abdomen.—Viscera healthy. They were examined minutely, as fine specimens of healthy tissues. *Head* not opened. *Arteries,* filled with black blood, uncoagulated. The important trunks of the extremities were cut down upon, and I was struck with the fact of their being filled

with black fluid blood, giving them the appearance of the deep-seated veins.

Larynx.—On examination of the larynx and contiguous parts, it was found that the glandular adipose substance situated between the *epiglottis*, the *os hyoides*, and upper cornua of the *thyroid* cartilage, was enlarged, forming a tumor of the size of a hickory nut. The enlargement was greatest on the right side. The glottis seemed also to be tumefied, so that the cavity between the two ligaments was destroyed, and the canal nearly closed by this alone. Both evidently produced complete obstruction. The mucous membrane of the larynx was white, that of the trachea slightly injected. The surface of the tumor was white. The parts were removed, and are still in my possession.

Remarks.—The proximate cause of death was sufficiently explained by the appearances just described. Of the remote cause I have nothing to say. It is a subject of deep regret that the patient was not seen in season to have performed the operation of tracheotomy. The patient was received into the Alms-house for intermitting fever. This disease had been arrested, and he had nearly regained his accustomed health and vigor.

Case II. *Death from distension of Stomach.*—An idiot, aged about 22 (male), died February, 1840, under the following circumstances. He had appeared on the day of his death, and previously, in good health. He was habitually gluttonous, and at supper ate to an unusual excess of potatoes and mush and milk. The keeper was called to see him at 9, P. M., and found him with respiration short, and groaning with severe pain, the location of which he indicated was at epigastrium. The abdomen was observed to be distended. Stimulants were administered and applied externally. He was observed to sweat profusely. Soon he became comatose, with stertorous respiration, and died at 12, midnight.

Examination of body the day following, P. M. *Chest.*—Lungs healthy. Heart appeared hypertrophied. It was brought away for preservation, and on injecting with size into the upper vena cava the whole heart was fully and very minutely injected. This would probably indicate, either that the communication between the auricles had never entirely closed, which was not indicated by any symptoms during life; or that a rupture took place by the force employed in the injection. The organ was given away before it occurred to examine with reference to this point.

Query.—Could it have taken place through the capillary system, or might it denote a sudden pathological change which was concerned in the death of the patient?

Abdomen.—On laying open the abdomen, the stomach seemed to occupy almost the entire abdominal space. It extended, transversely, from one hypochondrium to the other, completely concealing the liver in the right. Downwards, it extended below the umbilicus. Upwards, it had pushed the diaphragm as far as it could extend into the cavity of the chest. At the lowest estimate made by those present, its capacity would enable it to contain six quarts. The small intestines were moderately tympanitic. The transverse colon was empty and undistended, lying under the enormously distended stomach.

On section of the stomach, a gas escaped which did not emit a fœtid odor. It contained a quantity of food, so much digested that the characters were lost, with the exception of several pieces of potato. Much had been forced from the nose and mouth after death. It was observed (although it did not at the time of examination excite sufficient interest to lead to an investigation of the condition of the parts with a view to its explanation) that in compressing the distended stomach with much force, no gas was forced through the pyloric orifice into the duodenum. The mucous membrane was healthy in appearance.

Arteries.—On cutting down upon the femoral and tibial arteries they were found to be filled with uncoagulated venous blood. *Head* not opened.

Case III. *Death from Repletion, in conjunction with Opium.*—Fox, aged about 50, habituated for many years to the use of ardent spirits and opium; for a long time a frequent inmate of the Alms-house; had returned a few weeks before his death, after an absence of several months. His left leg was amputated about eight years previous, for an incurable ulcer. An ulcer also existed at that time, and up to the time of his death, on the right leg; and he was subject to occasional attacks of erysipelatous inflammation of this extremity. For the six or eight months previous to his death, he had suffered from an affection of the inferior maxillary bone; several portions of bone had been discharged. The disease was supposed to be necrosis, which it proved to be on dissection after death.

July 9th, he was in his usual health, with the exception of some pain in the knee of his amputated extremity, which was regarded as rheumatic, and T. colchicum gtt. xx., three times daily, was prescribed. In the afternoon he ate very freely of unripe cherries, and at supper very heartily of corn mush and milk. Soon after supper he began to complain of pain at epigastrium, extending downwards through the abdomen; and was seized with severe rigors. (He had been subject to attacks of intermitting fever.) He vomited slightly. Warm tea and infusion of ginger were administered by the attendant. This not producing relief, of his own accord he had recourse to opium, which he had been for many years in the habit of using, and, generally, contrived to keep himself provided with. The amount taken is not known. At 10, P. M., his distress continued, and the abdomen was observed to be distended. His respiration was short, and he sweat profusely. He appeared, at this time, manifestly under the influence of opium. He shortly afterwards became comatose, with stertorous breathing, and died at 2, A. M.

Examination, twelve hours after Death.—Muscular system well developed; adipose layer under integuments over the abdomen one and a half inches in thickness.

Chest.—Adhesions on both sides of the pleuræ; in left chest by numerous bands and threads, in the right by more entire union. Structure of lungs healthy; considerably engorged with black blood. *Heart*, much loaded with adipose substance; effusion into pericardium somewhat increased. Right auricle much distended. Not examined internally.

Abdomen.—Stomach enormously distended; contained about a quart

of unripe cherries with the stones, and corn meal, the characters of all which were wholly unchanged. Mucous membrane not altered, excepting a rosy hue was observed in some portions. *Colon* much distended. Internal surfaces of large and small intestines not examined.

Head not opened. *Arteries.*—On cutting down upon the femoral artery, it was found moderately filled with uncoagulated black blood. Considerable frothy matter escaped from the nose after death.

Remarks.—The only account of cases analogous to the two last, which I recollect to have met with, is contained in Christison's treatise on poisons. This author states that death from distension occurs in some cases by apoplexy, and in others by some more direct influence which he does not undertake to explain. The interval which elapsed between the reception of the ingesta and dissolution, together with the coma and stertor, furnish grounds for presuming that, in these cases, it was by the former of these modes. I should perhaps be much better authorized to form an opinion on this point, had, in either case, the cranium been opened. This omission I cannot now sufficiently regret, and I feel, that in presenting the cases for publication, it demands an excuse. The only apology I have to offer, is, that the dissections were made under several unfavorable circumstances, and when my own ill health prevented me from appreciating fully the importance of extending them further, and conducting the observations with more minuteness and precision.

I should remark, with reference to the degree of distension of stomach in the third case, that in the record made at the time, the term "enormous" only was used, without any estimation of the capacity of the organ, and I will not venture to *guess* at it now. It was, however, much less than in the second case. It seemed probable that in this case the influence of opium co-operated with the effects of repletion in producing death.

Buffalo, Nov., 1840.

INFLUENCE OF MATERNAL FEELINGS—ACEPHALOUS CHILD, &c.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—It is generally supposed by physiologists that the imagination of the mother has no effect in producing a defective or deformed child, and I have ever been of this opinion. But facts alone furnish satisfactory evidence, and these facts in many cases are not well understood, especially the causes which produce them. I am not now disposed to take up or put down any hypothesis in relation to this matter. But we all ought to seek for truth. I will here relate a case.

I was called, Jan. 22, 1841, to attend upon Mrs. H. in labor. On examination I found a breech presentation. On rupturing the membrane an unusual quantity of water escaped. Nothing further remarkable was discovered till the expulsion of the fœtus, when, to my great surprise, I found that the upper part of the cranium was wanting; there was nothing like a brain; the depression or base-like portion of the skull seemed to be hard or callous, something like a cicatrice. All was wanting above the

eyes, in a line drawn close to the ear and to the posterior inferior part of the skull. There were signs of life, but no respiration; it appeared like muscular contraction or convulsions. In other respects the child was perfect, except in one of its fingers there was a slight deformity.

And now let me ask, what could be the cause of this anomalous case? When I discovered the defect in the child, I kept it covered, so that no one knew what the matter was. Not hearing any cries from the child, the by-standers wished to know the cause. I told them the child was dead. After a few moments of recovery, the mother wished to know if it was a perfect child, for, said she, "I did not expect it would be." I requested her to relate the reason, and what she thought would be the trouble with it. To which she replied, "I thought there would be something the matter with its head, for I dressed the head of a calf last June, and when I took the axe to cut it open, I felt dreadfully, and thought I should faint or die for two or three hours." This woman thought much upon the subject, and expected the child would be deficient, or cut and lacerated in the head. This seems to me to be a clear case where the imagination of the mother was the cause of a deformed child.

Denmark, Me., Feb. 17, 1841. L. P. S.

SYRUP OF SARSAPARILLA.

To the Editor of the Boston Medical and Surgical Journal.

Dear Sir,—The Compound Syrup of Sarsaparilla, prepared by Dr. Corbett, of Shaker Village, in Merrimack County, N. H., is acquiring considerable reputation in this vicinity for the cure of a variety of cutaneous diseases; and is also a valuable auxiliary in the treatment of functional disorders of the liver, scrofula and syphilis. The formula of this valuable medicine is no secret, but is readily shown, by the generous proprietor, to any medical gentleman who wishes to examine it. I have used it somewhat extensively in my practice for the last two years, in the treatment of cutaneous affections, particularly of children, and have had abundant reason to be gratified with the results. I consider it more particularly adapted to the chronic variety of cutaneous diseases, than to those cases which are attended with active constitutional symptoms.

The effects of this syrup on the system are laxative and alterative. Diluted with cold water it is pleasant to the taste, and by most children is taken very readily; a consideration of some importance in the treatment of chronic diseases of children.

I usually prescribe a few grains of calomel and rhubarb, to be followed with salts or castor oil in three hours, and then commence with the sar. syrup, in the dose of a table-spoonful three times per day to a child under ten years of age; for an adult, half a wine-glassful is a medium dose. I have seen many obstinate diseases of the skin gradually but entirely disappear under its use. I first gave it to my own child, who was severely afflicted with the chronic variety of urticaria, which, as it is well known, is characterized by hard elevations of the cuticle, of irregular forms, with a whitish centre, and diffuse redness round their margins, attended with

itching, and a stinging or smarting pain. In a few days I had the satisfaction of seeing this troublesome disease completely disappear. This induced me to prescribe it for other children, and I have since used it in a great many cases of a similar character, and I may add, in different species of cutaneous diseases, with almost uniform success. This syrup is also a valuable remedy in the treatment of those eruptions which appear in secondary syphilis. RICHARD P. J. TENNEY.

Loudon, N. H., Feb. 19, 1841.

Dr. Corbett's Sarsaparilla Syrup is kept constantly for sale in Boston by Edward Brinley and Joseph Kidder, where are also kept a great variety of medicinal plants prepared and put up by him in the most faithful manner.

NON-RESTRAINT IN THE TREATMENT OF LUNATICS.

[As the subject of using personal restraint in the treatment of lunatics is now exciting great attention among medical men, we copy the following remarks upon it, by Luther V. Bell, M.D., Superintendent of the Mc Lean Asylum, who has had opportunities of witnessing the modes of treatment now practised in England, as well as much practical experience in the well-conducted institution under his care.]

An absence in the early part of the year of about four months in search of health, under permission of your Board—a permission granted in a manner and accompanied with circumstances calling for his grateful acknowledgments—gave your Superintendent some opportunity to observe and compare, and if occasion had offered, to improve by the long-established and extensive insane institutions of the old world. While surprised and gratified at the extent and magnificence of many of these establishments, there seemed little or nothing in architectural arrangements, or in modes of moral or medical treatment of value, which has not long since been transplanted to or discovered in the American institutions. The only noticeable peculiarity worth communicating would seem to be, the experiment commenced recently in some of the British hospitals, of an entire disuse, as they consider it, of corporeal restraints. At the Lincoln Lunatic Asylum, it is said in the Report of the Middlesex Asylum at Hanwell for 1839, that the last personal restraint occurred in January, 1837, and at the last-mentioned institution restraining apparatus has been thrown aside since the latter part of September, 1839. I consider one of the greatest pleasures of my visit to Europe to have been the privilege of spending the greater portion of a day at Hanwell, and the opportunity of conversing freely on this as well as other subjects relating to the insane, with Dr. Conolly, the head of this extensive establishment, whose reputation as a medical philosopher and writer on mental alienation, is no less recognized on this side the Atlantic than at home, and whose urbanity and attention to a stranger, with no claims beyond a community of interests and pursuit, I cannot but gratefully recall. As anything like improvement in the present system, introduced

elsewhere, must soon attract attention here, and as the idea of absolutely discarding personal restraint has something so attractive in its very mention, I have been induced to bestow considerable reflection upon the expediency of adopting such a universal rule at this Asylum. Thus far at these two great institutions referred to, the former with about 150, and the latter with over 800 patients, the experiment has been found so successful as to be persevered in; whether adopted beyond these hospitals or not, I have no means of ascertaining. It is certain, however, that the attempt has been much noticed and applauded in England, and of course will soon have its praises transferred to every portion of our land.

As regards Great Britain, the encomiums bestowed upon this innovation may be all deserved;—in a country where at this moment a *chain* to each bed of at least one long dormitory may be seen at the extensive metropolitan hospital of St. Luke, such a discovery as puts an end to such barbarity may well excite applause; or at the Lincoln Asylum, where the number of patients under restraint was 39 of an entire number of 72, in 1830; 54 of 92, in 1831; 40 of 70, in 1832; 55 of 81, in 1833; 44 of 87, in 1834; and so on, the change must be most gratifying to every human heart.

Dr. Conolly in "the Fifty-first Report of the Visiting Justices of the County Lunatic Asylum at Hanwell," for the year 1839 (page 47), remarks as follows: "For patients who take off or destroy their clothes, strong dresses are provided, *secured round the waist by a leathern belt fastened by a small lock.* For some who destroy the collar and cuffs of their dresses with their teeth, a leathern binding to those parts of the dress is found convenient. *Varied contrivances* are adopted with variable results, *for keeping clothing on* those who would otherwise expose themselves to cold at night; and warm boots *fastened round the ankles by a small lock* instead of a button or buckle, are sometimes the means of protecting the feet of those *who will not lie down.* * * * * * * * *Those who are in the habit of striking suddenly, tearing the bed-clothes, &c.*, sometimes wear a dress of which the sleeves terminate in a *stuffed glove without a division for the thumb and fingers.* But no form of straight-waistcoat, no hand-straps, no leg-locks, nor any contrivance confining the trunk or limbs or any of the muscles, is now in use. The coercion-chairs, about forty in number, have been altogether removed from the wards; no chair of this kind has been used for the purpose of restraint since the middle of August."

Any gentleman, familiar with the management of this, or I believe any of the New-England institutions from their origin, will at once declare, if this is all that is meant by an absolute disuse of restraining means—if the application of leathern mittens, waist-straps, varied contrivances for keeping on clothing, boots with locks, &c., are considered so mild and trifling measures, as not to be included under the phrase of *personal restraint*, that this innovation, or experiment or improvement can never be introduced here, for the best of all reasons, that the application of the severe measures reported as discarded at Hanwell, never was heard of in our asylums, and but a few even of the measures deemed so insignificant as to form no exception, have ever been found necessary here. If this is all

that is intended in the new system, our experience for years may encourage them to go on fearlessly.

An amount of restraint less than is intimated in these exceptions, has long proved adequate in this institution; the necessity, for example, of restraining apparatus for keeping the patient covered at night, is here obviated by the admission of heated air to the sleeping apartment when necessary. For some years the average number of patients under the restraint of leathern mittens, has not exceeded one per cent., and often week after week elapses without even a single instance.

I have no doubt that this rare use might with safety be carried to a still greater extent—to that of absolute interdiction; but how far it may be dispensed with, or how far the best good of the sufferer demands its application, is a question of judgment to be decided in view of all the circumstances of each case. An important rule is, that no restraint even of the slightest kind should ever be applied or removed except under the direction of an officer. This rule has always been incorporated in our code of domestic regulations. But to lay down the broad absolute rule of disusing all the mild forms of restraint, would not comport with the best good of an institution. I do not doubt that with the number of active and trusty assistants we now have, it might be practicable to pursue such a system, perhaps without any results of consequence to be regretted. Yet its adoption would be cutting off the power of employing a remedial means often of great value to the patient. A portion of the feeling in England as to restraining measures, is based on a delusion. Which is the greater restraint, to shut up a patient disposed to strike upon any sudden impulse, in his solitary dormitory, having its light admitted just below the ceiling, or to place large leathern mittens on his hands, and permit him to go into a large court-yard and to walk up and down in the open air? The seclusion within a room is not considered *personal restraint*, in the reports referred to. Or which is least oppressive to a patient disposed to certain troublesome habits, as abrading the skin of the face by perpetual picking, or plucking out the hair root after root—habits become from neglect so inveterate and involuntary, that even while the physician is dissuading or promising restraint, his hand unconsciously returns to its wonted act—to place the hands in a muff of leather, at once simple, free from pain and effective, or to trust to the vigilance or the eventually annoying and irritating remindings or restraints of an assistant? Who can doubt as to the comparative advantage of personal restraint from the hands of attendants or of apparatus, in those cases of delirium-like fury, where the sufferer is constantly endeavoring to rise from his bed, and where the presence of faces around him is associated in his blind frenzy with enemies to be contended with, regardless of their numbers. The mind may be in that state where the most soothing attentions are met only with fury and suspicion. How valuable in such a case is the beautiful and simple apparatus, constructed I believe by my distinguished predecessor, Dr. Wyman, which holds the sufferer gently in his position on his bed, allowing him almost every natural and proper movement, yet prevents his wearing himself out by constant efforts to rise, and allows every person to

leave his immediate apartment (for his disordered fancy makes cruel enemies of all) with a certainty that he is safe and comfortable.

Again, in some highly active forms of the suicidal propensity, where no human vigilance can prevent the consummation of the dreadful act, except accompanied by the ceaseless application of the force of several persons, a proper restraining means such as the leathern muff, at once allays the violence of the propensity, by showing the patient that he need not be on the watch to elude his attendants, and that attempts are vain to accomplish his design by force. The best proof of the value of the occasional use of this and other means of vigilance, is manifested in the extraordinary fact, that of the more than six hundred and fifty patients admitted within the last five years, amounting to more than one-third of all the inmates during the twenty-three years of the existence of this institution, a single individual only has committed suicide! I cannot here forbear to refer to this remarkable result, as one redounding to the honor of the male and female Supervisors, and entitling them in the highest degree to the obligations of the community, for to them necessarily appertains to a great extent the merit of a prompt detection, often no easy matter, and a successful prevention of this sad accident. This result will be duly appreciated when it is considered that the number of those evincing this propensity has sometimes amounted to a dozen, and I have never known the period when no instance existed. I recall also from memory no less than three instances within as many years, where patients have returned home upon partial convalescence or from other motives, and resorted almost immediately to the fatal act successfully, although the friends and relatives were forewarned to exert their utmost vigilance by our experience.

NEW AND SUCCESSFUL METHOD OF TREATING DISEASE OF THE PROSTATE GLAND.

BY W. HENDERSON, M.D., PERTH.

On the first of June, 1840, a gentleman consulted me under the following circumstances. About four years ago, he first felt a more frequent desire than usual to void urine, accompanied with more or less pain, and followed with frequent slight mucous discharge from the urethra. He was then in London, and the medical gentleman whom he consulted treated the complaint as gonorrhœal. He shortly after that left London, but impressed with the idea of the alleged nature of his disease, he continued to take all sorts of medicines, known and secret, without any abatement of his sufferings.

When I first saw him, he felt an almost constant desire to empty the bladder, often passing only a few drops of urine at a time, accompanied with much pain and pressure: occasional severe lancinating pains at the neck of the bladder, which extended throughout the urethra, and were most distressing at the point of the penis; priapisms and emissions during sleep, followed with extreme heat and pain; constant mucous discharge from the urethra; bowels confined; much uneasiness in passing the fæces; a sensation as if some hard substance were pressing from within against

the verge of the anus, which no effort to empty the bowel could remove. Sitting for any length of time on a hard seat, causes a deep-seated, heavy pain at the neck of the bladder; heat and excoriation at the verge of the anus on taking even moderate exercise on foot, and he cannot ride on horseback at all from the pain it occasions.

On introducing a catheter, to ascertain whether stricture existed, the instrument passed freely until it reached the prostate gland, where there was obstruction and much pain in passing it into the bladder. I then examined the gland with the finger through the rectum; it was much enlarged, and painful on pressure.

The ordinary means, viz., aperients, iodine, leeches, and counter-irritants on the perineum, were persevered with for four weeks, with scarcely any alleviation of the patient's sufferings, and no progress whatever made in reducing the size of the gland.

While pondering on this most distressing case, it occurred to me, that if I could manage to apply leeches upon the gland, through the rectum, they might have a good effect. Accordingly, I had a tube made of tin, a quarter of an inch wide at one ead, and half an inch wide at the other, with the narrow end slightly bent. I then cut down the wide end of the tube about a third part of an inch, two-thirds of its diameter, in front, corresponding with the bend, leaving the projection behind as a handle to enable me to guide the other end accurately, and keep it steady after it had been properly applied. Having just had the bowel freely emptied, I cautiously introduced the tube, so directed, that by pushing it up in a straight line, its mouth must pass over the centre of the right lobe (the tenderest part) of the gland. As the tube advanced, I made gentle lateral pressure with its projecting point, at the distance of about every line, until the patient experienced a sensation somewhat similar to that felt when the point of the finger was pressed against the most sensible part of the gland. I then secured the tube gently, but steadily, with the left hand, and with the right hand introduced a leech into it, which, I was not a little pleased to find, took readily. When this leech dropped off, I changed the position of the tube, so as to place the mouth of it over the left lobe of the gland, and then introduced another leech, which also took readily.

When the tube was withdrawn the blood accumulated in the rectum, and brought on a desire to evacuate the bowel; this was frequently the case, but, from the feculent matter with which it was mixed, the exact quantity could not be ascertained, but it was considerable. This application of the leeches was followed with great relief to the patient; the priapisms and emissions by which he had been so long harassed and weakened entirely ceased, and all his other symptoms were much mitigated. The aperients and iodine were continued. A week after the leeches were again applied, and acted equally well. After this the pressure on the sphincter ani, and desire to empty the bowel, were scarcely at all experienced; and the mucous discharge from the urethra altogether disappeared. The only uneasiness which he now felt was the heat and lancinating pains in the gland and urethra, particularly at the point of the penis, which were occasionally a little troublesome. Two days after the last

application of the leeches, I examined the gland with the finger, through the rectum; it was now greatly reduced in size, and pressure upon it gave very little uneasiness. Six days afterwards, the heat and pains in the gland and urethra being still occasionally felt, an attempt was again made to apply the leeches as formerly, which failed. When the tube was withdrawn the cause of the failure was manifest, the introduced end of it being quite filled up with feculent matter. Something had occurred to prevent the patient from taking his aperient at the usual time, and his bowels had not been properly relieved. A similar occurrence was guarded against on the following day, when the leeches acted well. The relief which the patient experienced was now so complete, that, except continuing the aperients and iodine, nothing more was done for two weeks, when I again examined the gland. It had now decreased to about the natural size, but pressure on the right lobe still gave a little uneasiness. On this part one leech was again applied, which acted well.

At the end of other two weeks, I again examined the gland, through the rectum, and a perceptible degree of tenderness still remaining when pressure was made upon the right lobe, one leech was once more applied upon it, which, after a little manœuvring, acted well. From that time the patient has continued well.—*Lancet.*

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LOWELL MEDICAL COLLEGE.

So decisive were the legislative proceedings last week upon the petition of certain gentlemen for the charter of a medical college in the city of Lowell, that the project has its quietus for the present year. There were very many pertinent observations made by members of the house against the incorporation of another school of medicine in Massachusetts, where there are two already, in a prosperous condition, with ample accommodations for all the students that will probably present themselves in any one season for many years to come. That, in the hands of four or five of the physicians of Lowell, an independent, chartered school, with authority to confer degrees which would be equal in the eye of the law to those emanating from colleges nearly as old as the settlement of some of the New-England States, would be a convenient instrument, cannot be questioned. Medical institutions, however, are already numerous, and we think it wholly unnecessary to create an additional number. There will probably be no lack of persevering effort, for years to come, to accomplish an object so desirable to those who are the moving powers in this undertaking. But can it be possible that, by any system of conjuration, a charter can hereafter be obtained? The same objections which influenced the General Court this year, must address themselves with equal force, for the present, at least, to the intelligence of any succeeding legislative body. It has been intimated that the real plan, in the sequel, might be to remove the establishment into Boston to become a rival to the one in Mason street.

This is too hypothetical to gain much credit. By crying out monopoly, a clique, a leech is gorging itself with the life-blood of the public, and the poor are made the dupes of the rich, sympathy is readily enlisted on the side of what is called oppressed humanity. How is it possible, however, in this case, to make a like apology for asking a special favor of the State? The Berkshire school is supposed by some to have had its origin in this kind of spirit-moving argument—and so was Amherst College chartered by raising a breeze about the grasping character of Harvard, and the remoteness of Williams, Colleges.

For those who have been personally active in this matter, we entertain no feelings of hostility. They are certainly men of great respectability, and entitled to perfect confidence as eminent and successful practitioners. Nor are they to be blamed for manifesting an enterprising spirit in this or any other measure. Their representations have been characterized by fairness, and nothing has been done, to our knowledge, with a view to stealing a march upon their opponents. When the Council of the Massachusetts Medical Society was in session, Dr. Bartlett addressed that body in a candid manner, though his plea did not convince all the fellows present of the propriety of acquiescing in the prayer of the petitioners.

As we have already intimated, these defeated petitioners will not relinquish the hope of achieving a victory hereafter. Another winter will show an accumulation to the catalogue of names—asking for what they will declare to be equal rights and equal privileges. When the Medical Society comes together at the approaching anniversary, a warm debate is foreseen by those who know best the mode of striking the appropriate strings. While some contend that the action of the Counsellors does not represent the sentiments of the Society, others maintain that it is their legitimate business to speak for the whole fraternity. With these diversified notions, it is pretty certain that we are destined to hear very much more of the Lowell Medical College.

The following is the Reply of the Counsellors of the Massachusetts Medical Society to a communication from the Committee of the Legislature, calling on them to show cause, if any, why the prayer of the petitioners should not be granted.

The Committee on Education of the House of Representatives having requested the Counsellors of the Massachusetts Medical Society "to give their objections, if any, to the granting of the petition now before that Committee for the incorporation of a medical institution at Lowell," the Counsellors beg leave to make the following reply to that committee.

At a meeting of the Counsellors on the first Wednesday in February, a notice was given them from the Committee on Education of the petition for a medical institution at Lowell, but the Counsellors then thought it sufficient to suggest the importance of having proper guards placed about any institution which asked for the privilege of conferring medical degrees, and they abstained from engaging in the consideration of the expediency of forming the institution proposed. Under this renewed application to them, the Counsellors conceive that the Committee wishes to ascertain their views on that point, and that it is their duty to give them. They therefore submit the following opinions and considerations to the Committee.

The Counsellors think it obvious that the public good, rather than the private interest of individuals, ought to decide all questions relating to the general subject of medical education. It is the interest of the public that

those who are declared qualified to take charge of the health and lives of their fellow men, should have undergone the most thorough education, which the circumstances of our community will permit, and should be faithfully examined in regard to their attainments. The Counsellors believe that a thorough medical education, which shall qualify young men to enter on practice at the expiration of their pupilage, can be best conducted in those situations, where pupils enjoy opportunities of forming a personal and practical acquaintance with the anatomy of the human body, and with medical and surgical practice in all its branches. Such opportunities, as connected with medical schools, are to be found only in cities, which possess extensive and well-endowed hospitals, together with ample buildings and apparatus for the demonstration of all the branches of medical science; and there is not probably any instance, in which a medical school has become eminently flourishing or useful, without establishments and facilities of this sort.

The Counsellors are of opinion that the medical school now existing in Boston, possesses abundant facilities of the kind above mentioned. From what they know of the time and labor expended by the professors of that school on the various branches of medical science, and also of the ability and faithfulness of those professors, in addition to the local advantages of the institution, they are inclined to believe that the course of instruction in that school, considered as a whole, is superior to that of any medical school in New England, and equal to that of any in the United States. In a city like Boston there will be no difficulty, at any future time, in finding resident physicians and surgeons, not only competent on the score of learning, but also qualified by experience and practice, to form correct judgments in the branches to be taught, and who will be willing to give their time to the business of instruction. The probability, at least, of finding such must always be greater, the larger the town or city in which they are to be sought.

In New England the number of medical schools is already two or three times greater than in any corresponding amount of population in the United States. In consequence of the excess of competition thus produced, few of these schools are flourishing, some of them are languishing, and others virtually extinct. If schools are still to be multiplied, especially in the neighborhood of each other, it will tend to enfeeble and degrade the office of medical teaching, and render it difficult to engage the services of persons duly qualified to fill its departments.

The Counsellors do not perceive, either in the situation or advantages of Lowell, any peculiar fitness in that city for becoming the seat of a medical institution, which may not be found, nearly in the same degree, in the other large towns in the Commonwealth. And, if the expediency of multiplying schools be once admitted, they fear that an unworthy spirit of competition would soon be engendered, which would tend, not to educate better physicians, but to attract more students by lowering the amount of requisitions required from them, preparatory to entering practice. The Counsellors are therefore fully of opinion that the public good, which requires that physicians should be well educated, would be injured, rather than advanced, by the incorporation of a medical school at Lowell.

Signed, { Rufus Wyman, *President.*
{ Geo. W. Otis, *Rec. Sec'y.*

The foregoing Reply was adopted by the Counsellors, yeas 17, nays, 5. The professors of Harvard University, four of whom were present, were,

at their own request, excused from voting. Dr. Bartlett, also, one of the petitioners, was excused. Another of the petitioners who was present voted among the nays.

After a short debate, it was voted that the foregoing Reply to the Committee be signed by the names of the President and Recording Secretary, against which measure Drs. Strong, Walker and Choate entered their protest.

Progress of Dental Science.—The 9th and 10th No. of the Journal of Dental Science, embracing January and February, is before us—and we have no hesitation in recommending it to non-professional as well as professional readers. It is filled with articles of exceeding value, collected from sources entitled to perfect confidence. There is no imposition pertaining to this publication. Dr. Brown's introductory discourse, under the caption of *information, &c.*, should be read by medical men. With the present indications, the American dentists will have a position assigned them by general consent, flattering to their efforts to raise their profession to the dignity of a science.

Hanwell Insane Institution.—Mr. George Combe, of Edinburgh, to whom we are under many obligations, has kindly forwarded Dr. Conolly's Report. It is a statistical account of the Asylum for poor lunatics, about two miles from London. Dr. Conolly was at first an associate editor of the British and Foreign Medical Review, with Dr. Forbes, and relinquished that field for the one in which he is now to be found. We confess that in Dr. Woodward's and Dr. Bell's reports we take a deeper interest. In all their generalizations, they excel the author of the Hanwell report.

Respirators.—Dr. Bowditch has issued a convenient 32mo. pamphlet, extracted chiefly from the Medical Almanac, giving an account of the utility of the respirator, and by two drawings showing the mode of applying the instrument. They are now very generally worn by persons laboring under irritable affections of the lungs, and we know of no greater comfort to a poor lung-diseased invalid. Dr. Bowditch has all sizes and patterns of respirators, and at all prices, so that those in the humblest circumstances may reap the advantages of this important discovery.

The Medical Almanac.—It must be gratifying to the publishers to find that the volume of this useful medical directory for the present year is so well received in every part of the country where it has been circulated. Physicians can order copies by mail, even from the Canadas, with an assurance of receiving them without failure. By looking at the advertisement, it will be seen that several forms of binding have been adopted, but the most convenient to practitioners is the pocket-book form.

Geneva College.—On the 26th of January 34 students of medicine received the degree of Doctor of Medicine. By a paper having the intelligence, from that section of New York, we learn that the medical department is exceedingly prosperous. About 130 students were in attendance

at the lectures. This is certainly a greater number than have been matriculated in some of the old metropolitan institutions the present winter. It will be recollected that severe observations were made a few months ago upon the incompetency, mismanagement, &c., of some of the faculty, but such patronage shows that there was either a gross mistake made by some one, or a wilful misrepresentation for the purpose of influencing the public mind against the professors.

Pennsylvania Medical College.—On the 2d of March 42 gentlemen received the degree of Doctor of Medicine at the above institution. The number of graduates in Philadelphia the present spring promises to be large.

To Correspondents.—Dr. Bowen's case of Tetanus was received too late for this week.

No. 4, of Vol. XII. of this Journal, which has been for some time out of print, has been re-printed, and may now be obtained at this office. Sets of the Journal can be furnished as far back as to Vol. VI., at a liberal discount.

Number of deaths in Boston for the week ending March 6, 27.—Males, 12; Females, 15.

Of consumption, 5—scrofula, 1—old age, 5—inflammation of the throat, 1—intemperance, 1—infantile, 1—inflammation of the lungs, 1—hemorrhage of the lungs, 1—stoppage in the bowels, 1—bilious fever, 1—diabetes, 1—croup, 2—disease of the heart, 1—inflammation of the stomach, 1—debility, 2—lung fever, 1.

REGISTER OF THE WEATHER,

Kept at the State Lunatic Hospital, Worcester, Ms. Lat. 42° 15′ 49″. Elevation 483 ft.

1841. Feb.	Therm. 7 A.M.	Therm. 2 P.M.	Therm. 9 P.M.	Barometer. 7 A.M.	Barometer. 2 P.M.	Barometer. 9 P.M.	Wind, 2, P.M.	Weather, 2, P.M.	Remarks.
1 Mon.	32	33	29	29.36	29.31	29.16	N E	Cloudy	Snow commenced at half past 2. 2 in. fell.
2 Tues.	21	25	24	29.08	29.20	29.22	N W	Fair	
3 Wed.	22	25	21	28.98	29.03	29.23	N W	Fair	Snow squall—high wind.
4 Thur.	6	26	27	29.51	29.58	29.59	N W	Fair	
5 Frid.	15	36	32	29.57	29.50	29.49	N W	Fair	Total eclipse of moon.
6 Satur.	23	36	33	29.32	29.33	29.37	N W	Fair	
7 Sun.	29	33	29	29.46	29.49	29.50	N	Fair	
8 Mon.	22	30	26	29.56	29.61	29.66	N W	Fair	Aurora borealis.
9 Tues.	15	34	33	29.55	29.40	29.33	N E	Cloudy	Snow storm in night. 2 inches fell.
10 Wed.	26	31	25	29.09	29.09	29.11	N W	Fair	High wind.
11 Thur.	9	21	16	29.23	29.23	29.21	N W	Fair	
12 Frid.	1	11	9	29.21	29.16	29.17	N W	Fair	Thermometer 4° below zero at 6 A. M.
13 Satur.	2	13	16	29.03	29.03	29.10	N W	Fair	
14 Sun.	5	30	16	29.21	29.24	29.24	N W	Fair	
15 Mon.	6	14	11	29.05	29.06	29.13	N W	Fair	Snow squalls—aurora borealis.
16 Tues.	13	29	25	29.19	29.16	29.18	S W	Fair	
17 Wed.	23	27	23	29.16	29.20	29.30	N	Snow	Three inches of snow.
18 Thur.	14	32	30	29.49	29.46	29.40	N	Fair	
19 Frid.	33	33	31	29.01	28.86	28.89	S W	Fair	Snow squalls.
20 Satur.	14	31	31	29.02	28.85	28.94	S W	Fair	High wind.
21 Sun.	29	41	45	28.97	28.86	28.91	S W	Fair	
22 Mon.	33	38	33	29.10	29.03	29.00	N	Fair	
23 Tues.	34	35	19	28.67	28.75	29.00	N	Fair	High wind. Barom. 28.63 at 11 A. M.
24 Wed.	6	29	31	29.49	29.51	29.52	N	Fair	Thermometer 4° at 6 P. M.
25 Thur.	7	28	26	29.57	29.55	29.54	S W	Fair	Thermometer 4° at 6 P. M.
26 Frid.	28	40	41	29.48	29.48	29.50	S	Fair	Halo around the moon.
27 Satur.	34	35	28	29.94	29.90	29.97	S E	Rain	1 inch of snow.
28 Sun.	30	42	40	29.87	29.80	29.80	S W	Fair	

The month has been pleasant, the temperature generally mild, and the sleighing good. Little rain has fallen. The extremes of the thermometer have been 4 below zero and 45 above; of the barometer, 28.63 and 29.61. Rain fell 1.93 inch; snow, 15 inches.

RE-IMPROVED ROCKING TRUSSES,

Manufactured at Shaker Village, N. H., and recommended by some of the leading physicians in that State, may be obtained at this office. Price, for the single truss, $4; double, $7. A discount to physicians who purchase to sell again.

March 10.

TREMONT-STREET MEDICAL SCHOOL.

The annual instructions of the Tremont-street Medical School, for private pupils, will commence on the first day of September, consisting of lectures and examinations in the different branches of professional study—as follows:

A course of Lectures and Examinations on Anatomy, in September and October, by Dr. Reynolds, preparatory to the Winter Lectures at the Medical College.

A course of Lectures on the Principles and Practice of Surgery, including diseases of the Eye and Ear, by Dr. Reynolds. This course consists of one hundred lectures, and is continued nine months of the year during the whole period of pupilage. Stated examinations are made in the above branches—and private examinations, if desired, of the graduating class.

Lectures and Examinations in Physiology and Pathology, with a distinct course upon Auscultation, by Dr. Holmes, who will also deliver, if time permits, a course of Lectures on Surgical Anatomy during the winter.

A course of Lectures on Midwifery and the Diseases of Women, and weekly examinations on the same branches and on Chemistry, by Dr. Storer. The above course is illustrated by practical manipulations with the manikin. Arrangements have been made to provide the pupils with obstetric cases as often as may be necessary to familiarise them with this branch of practice.

The departments of Theory and Practice of Medicine, and Materia Medica, are under the superintendence of Dr. Bigelow—who will visit the Hospital with the pupils, for practical observation of disease, and clinical instruction. The exploration of the chest in diseases of the thoracic organs, is made the subject of particular attention in these visits.

Practical Anatomy has always been a primary object in this school, and ample provision is made for a permanent supply of subjects from November to April. The teachers will avail themselves of occasional opportunities to show the pupils interesting cases in private practice—and operations in Surgery and Ophthalmic Disease. The pupils may attend dailyon the practice of the physicians or surgeons of the Massachusetts General Hospital, and the Eye and Ear Infirmary.

Convenient rooms, light and fuel, are provided by the Instructers.

JACOB BIGELOW,
EDWARD REYNOLDS,
D. HUMPHREYS STORER,
OLIVER W. HOLMES.

Boston, June 24, 1840. ep1meop6m

TO MEDICAL STUDENTS.

SPRING COURSE OF LECTURES AT THE COLLEGE OF PHYSICIANS AND SURGEONS, NEW YORK.

An Association has been formed, for the purpose of offering to the students of medicine in New York, a course of instruction, which, it is hoped, may profitably occupy a portion of their time during the ensuing spring and summer.

Lectures will be delivered at the College of Physicians and Surgeons, in Crosby street, on the following subjects:—

On the Pathology of the Chest, Auscultation and Percussion, by J. A. Swett, M.D., Lecturer on Diseases of the Chest.—This course will be fully illustrated by Clinical instruction.
On Club-feet and analogous Deformities, by Detmold, M.D.
On the diseases of the Kidneys, by Wm. C. Roberts, M.D.
On the diseases of the Eye, by G. Wilkes, M.D., Surgeon of the New York Eye Infirmary.—Clinical instruction at the Infirmary.
On the Pathology of the Uterus and its Annexes, by C. R. Gilman, M.D., Lecturer on Obstetrics and the diseases of Women and Children in the College of Physicians and Surgeons.
On Operative Surgery, by W. Parker, M.D., Professor of Surgery, College of Physicians and Surgeons.
On the Anatomy of the Nervous System, by James Quackenbos, M.D., Demonstrator of Anatomy.
On Surgical Anatomy, by R. Watts, Jr., M.D., Professor of Anatomy, College of Physicians and Surgeons.

The Lectures will commence on the first Monday in April, and continue about three months. Two lectures will be delivered daily—hours, from 1 to 3 o'clock.

As this course is undertaken with the single aim of doing something for the cause of sound and thorough medical education, and particularly to develope the great advantages which New York, by her superior size, and by the consequent abundance and variety of diseases which are met with in her Hospitals, Alms-house and Dispensaries, offers to the student of practical medicine and surgery, the Association have determined to put the fee for the Course at a price nearly nominal—hoping thereby to place the instruction offered, within the reach of all who are anxious for professional improvement.

Fee for all the Lectures, $10.

New York, Feb. 10th, 1841. M 3—

ABDOMINAL SUPPORTERS.

Dr. Haynes's instrument, which is recommended by the profession generally, may now be had at the Medical Journal office. Price, with perineal strap, only $4—without, $3,50. By addressing the publisher, No. 184 Washington street, physicians may be readily accommodated. A 19

The Supporters may also be obtained of the following agents:—In New Hampshire, Drs. J. A. Dana, N. Hampton; A. Harris, Colebrook; M. Parker, Acworth; J. Crosby, Meredith; D. Crosby, Hanover; L. S. Bartlett, Kingston; L. Bartlett, Haverhill; F. P. Fitch, Amherst; Mr. J. H. Wheeler, Dover; N. Kendall & Co., Nashua. In Vermont, Dr. L. Jewett, St. Johnsbury.

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